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UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)
PROOF OF CLAIM
Name of Debtor
James Clinit Perritte
Stephanie Renee Perritte

James Perritte

Case Number
01-01998

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of this case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.



01-01998



1665946

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Darrell A. Kammer, Jr., M.D.
Name and Address where notices should be sent:

Darrell A. Kammer, Jr., M.D.
1615 12th Ave Rd. S Ste C
Nampa, ID 83686

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: 208-467-2129

Account or other number by which creditor identifies debtor: 15538

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____
1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from _____ to _____
- (date) (date)

2. Date debt was incurred:

1-10-01

3. If court judgment, date obtained:**4. Total Amount of Claim at Time Case Filed:**

\$

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☒ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ 2060
- Specify the priority of the claim: co-pay
- ☐ Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

7-18-01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Shawn McDonald
Office Manager

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U.S. COURTS
 2
 JUL 19 AM 9:47
 FILED
 CLERK OF DISTRICT COURT
 IDAHO

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

James C. Perritte (015538)
9273 W Calicu St
Boise, ID 83607
(208) 376-1333

Darrell Kammer Jr. MD, PA.
1615 12TH AVE. RD. S. STE.C
Nampa, ID 83686-6184
(208) 467-5238

HISTORY Report including CLAIMS Dated 00/00/00 thru 12/31/25, Oldest First

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Billing Doctor: 01-Kammer Jr.	Under 30:	\$0.00
Send Statement	30 to 60:	\$0.00
Account is being charged INTEREST	60 to 90:	\$0.00
Charge MISSED PAYMENT PENALTY	Over 90:	\$0.00
Requested Payment Amount : \$0.00	Interest:	\$0.00
Minimum Payment : \$0.00	Penalty:	\$0.00
Interest Paid YTD: \$0.00	TOTAL:	\$0.00
Financial Class : 13	Credit Limit:	No Limit
Collection Status: CA		

	LAST PAYMENT	YTD
	DATE	PAID
PRIVATE	00/00/00	\$0.00
1. IDPHY	02/26/01	\$122.97

PR	DATE	PATIENT	TRANSACTION DETAIL	123456	AMOUNT	BAL FORWARD
	00/00/00		Previous Balance			\$0.00
01-00	01/10/01	James	Moderate-High Office E P-----		\$150.00	\$150.00
01-00	applied	James	Rec: IDPHY (#00007025)		\$122.97-	\$27.03
01-00	applied	James	Adj: IDPHY		\$7.03-	\$20.00
			IPN Adj			
01-00	01/12/01	James	Septoplasty W/Submuc R P-----		\$1,540.00	\$1,560.00
01-00	01/12/01	James	Tonsillectomy; 12+ Yrs P-----		\$371.50	\$1,931.50
01-00	applied	James	Rec: IDPHY (#7024)		\$1,259.90-	\$671.60
01-00	applied	James	Adj: IDPHY		\$651.60-	\$20.00
			IPN Adj			
01-00	01/15/01	James	Post Operative Visit	-----	\$0.00	\$20.00
01-00	01/30/01	James	Post Operative Visit	N-----	\$0.00	\$20.00
01	01/30/01	*Account	Mes: STATEMENT CREATED FOR :		\$2,061.50	
01	02/27/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.00	
01	03/29/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.00	
01	04/26/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.30	
01-00	04/27/01	*Account	Interest Charge	-----	\$0.30	\$20.30
01	05/29/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.60	
01-00	05/30/01	*Account	Interest Charge	-----	\$0.30	\$20.60
01-00	applied	James	Adj: PRIVT		\$20.60-	\$0.00

Turned To Collection Bureau

--N/A	N-Not Billed	W-Waiting	B-Billed	R-Rebilled
P-Paid	A-Authorized	C-Cleared	X-Xcluded	D-Deductible
U-Unused	E-Excluded	H-Held	*-Pd. Prior	S-Resolved